

DRAFT

Items for Total Exposure Study Questionnaire

NOTE: This document is not intended to be a completed questionnaire. It contains items that may be included in a final structured questionnaire along with possible responses. Responses such as "Don't know" and "Refused" are not included. They will be incorporated where appropriate, along with skip patterns, once the content of the questionnaire is agreed upon and the questionnaire has been finalized.

This document presents items to be used in designing a questionnaire for the pilot and full components of the Total Exposure Study. The items that will not be needed in the Pilot Study are indicated with an asterisk (*). The objective of the Pilot Study is to establish the validity of the design concepts (e.g., feasibility and precision of analytical methods for biomarkers, sample handling and stability, data acquisition by questionnaire) to be used in the subsequent Total Exposure Study. The objectives for the full study are:

Primary objective – To determine the exposure to selected components of whole cigarette smoke of the U.S. population of cigarette smokers based on suitable biomarker(s) and publish results by 12/31/2001.

Secondary objective – To investigate whether the smoke exposure of US smokers of cigarettes in 4 segments of tar delivery covering the range from 1 to 20 mg tar of the US cigarette market differs.

In addition: selected surrogates of health effect will be explored for use in population studies, and biological samples will be collected and stored for later determination of biomarkers of health effects relevant to determining potentially reduced harm of cigarette products to smokers.

These items were compiled based on input from scientists in WSA who indicated what information should be collected and what the exclusion criteria were. As indicated in the study design subjects who exhibit the following characteristics are to be excluded from the study:

- Smoke a cigarette brand with tar delivery per cigarette of < 1 g or > 20 mg of tar.
- Have switched to a new brand during the last month prior to the sample collection;
- Use of other cigarette brand(s) at a level >10% of their smoking during the last month before sample collection;
- Use of any nicotine-containing product, in particular, non-tobacco nicotine products
- Diseases (reported as diagnosed plus confirmation of healthy status by X-ray, routine hematology, pulmonary function test, and ECG) which could interfere with measured health effect surrogates such as all currently diagnosed cancers, diabetes, coronary heart disease, hypertension, stroke, heart infarction, bronchitis (acute and chronic), emphysema, asthma, renal dysfunction, hyperlipidemia;
- Workplace cadmium exposure;
- Pregnant women;
- Persons less than 21 years of age (verification required);
- Subjects exceeding 50 µg cotinine/l of urine for the non-tobacco user group;
- Subjects where the reported number of cigarettes smoked and the butts collected differ by more than 10%;

The items included are based the study objectives, input from project staff and questions from major studies that include the following:

1986 IARC – International Agency for Research on Cancer
1986 AUT – Adult Use of Tobacco Survey
2000 BRFSS – Behavioral Risk Factor Surveillance System
1999 NHIS – National Health Interview Survey
Fontham study

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Doc. Code: P0622

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Eligibility will be determined at various stages during the study. Subjects who remain eligible after the first interview will be given instructions at the end of the interview for urine collection and will be told to return all used cigarette butts from that point until they return for the final interview.

Screening interview (Telephone): The purpose of this interview is to screen the subject for eligibility to participate in the study. Subjects will be deemed ineligible during the telephone interview if they meet any of the following criteria:

- Less than 21 years of age
- Are pregnant (females)
- Use a non-tobacco nicotine product
- Smoke a tobacco product other than cigarettes
- Smoke a cigarette with a tar level outside of the tar delivery ranges of interest
- Have switched to a reduced tar product within the last month
- Consume other cigarette brands >10% of their preferred brand

Subjects who meet the initial screening criteria will then be asked to come to a site for the first interview. The interview itself will be staff-administrated.

Interview: Part I (On-site)

In addition to confirming eligibility, subjects will be asked questions pertaining to demographics, medical history, smoking history, occupational and other chemical exposures. For the pilot study the only demographic variables that will be obtained are gender and age. This component of the interview will determine eligibility of subjects for further participation in the study based on occupational and other exposures.

Subjects who are deemed ineligible for further participation at the end of the first interview will be those who:

- Have certain occupational exposures
- Have quit smoking within the past six months
- Have medical conditions which preclude participation
- Are taking certain medications
- Meet the exclusion criteria

Persons who remain eligible will be asked to return for a second interview. They will be given instructions for specimen collection, food diary and for return of cigarette butts and packs.

Interview: Part II (On-site)

The time when the interview process begins will be recorded. In addition, the time when the medical examination begins and urine and other sample collections are drawn will be recorded. The subject will undergo a medical examination that will include: X-ray, routine hematology, pulmonary function test, and ECG which could interfere with measured health effect surrogates such as all currently diagnosed cancers, diabetes, coronary heart disease, hypertension, stroke, heart infarction, bronchitis (acute and chronic), emphysema, asthma, renal dysfunction, and hyperlipidemia

When the medical examination is complete, the second part of the interview will be conducted. During this phase of the interview process, the subject will be asked detailed questions that include smoking history, food intake, household heating, physical activity, and ETS exposure.

The items for the questionnaire include:

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Items for Total Exposure Study Questionnaire

Screening

- Age
- Pregnancy status
- Nursing status
- Smoking status and type
- Use of non-tobacco nicotine products

Interview: Part I

- Demographics
- Medical history
- Cigarette Use
- Occupational exposures
- Other chemical exposures
- Food diary

Interview: Part II

- Home heating systems
- Food intake
- Alcohol use
- Medications and vitamins
- Physical Activity
- Environmental tobacco smoke exposure
 - Household exposure
 - ETS indoors, in places other than the home, work premises, vehicles
- Cigarette information
 - Assessment
 - Butts/Packs

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SCREENING

Purpose: To determine whether subjects meet the basic eligibility criteria.

Method: Telephone

SCREENING

Gender? (Male Female)

What is your date of birth? (mm/dd/yy) *(If age is less than 21 then subject is ineligible)*

If age is greater than 20 and sex is female:

Are you currently pregnant? (Yes No) *(If yes, then subject is ineligible)*

If female, Are you currently nursing? (Yes No)

Have you consumed any tobacco or nicotine products in the last 7 days, such as cigarettes, cigars, cigarillos, pipes, bidis, or nicotine chewing gum? (Yes No)

Have you ever consumed more than 20 cigarettes or other tobacco products in your life? (Yes No)

Have you consumed any tobacco products in the last two years?

Do you now smoke:

Cigarettes (Yes No)

Cigars (Yes No)

Pipe (Yes No)

Have you ever smoked (PRODUCT) on a regular basis:

Cigarettes (Yes No)

Cigars (Yes No)

Pipe (Yes No)

How many years or months has it been since you smoked:

Cigarettes _____ months

Cigars NUMBER OF years

Pipes

What is the full name of your preferred brand of cigarettes you usually smoke now?

BRAND SMOKED

Are they (Please circle all that apply)

Ultra Lights, Lights, Milds, Medium or Full Flavor;

Menthol or Non-Menthol (Regular)

Kings, 100s, or 120s;

Box or Soft Pack

Filtered or Non-Filtered (If respondent answers with more than one brand, probe for brand smoked most often)

Determine tar level

Approximately how long have you been smoking (BRAND)'s

Days

_____ of weeks

NUMBER OF Months

Years

Don't know

Do you sometimes smoke an alternate brand? (Yes No)

If yes, Are they (Please circle all that apply)

Ultra Lights, Lights, Milds, Medium or Full Flavor;

Menthol or Non-Menthol (Regular)

Kings, 100s, or 120s;

Box or Soft Pack

Filtered or Non-Filtered (If respondent answers with more than one brand, probe for brand smoked most often)

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ITEM

SCREENING

During the last month, what would you say is the percent of time that you smoked your preferred brand as compared to other brands?

Less than 20% of the time
20-49% of the time
About 50% of the time
51-75% of the time
76-89% of the time
90-99% of the time

All of the time

In the past ____ month(s), have you switched to a lower tar product (e.g., from a full flavor to a light or ultra light)? (Yes No)

Over the past ____ month(s), have you consumed a brand other than your preferred brand more than 10% of the time? (Yes No)

Do you use snuff now? (Yes No)

Have you ever used snuff on a regular basis?

(Yes No)

How many years or months has it been since you used snuff? _____ months

NUMBER OF years

Do you chew tobacco now? (Yes No)

Have you ever chewed tobacco on a regular basis? (Yes No)

How many years or months has it been since you chewed tobacco? _____ months

NUMBER OF years

Within the past year, did you use any non-tobacco nicotine products such as:

Nicoderm CQ Patch

Nicorette Gum

Nicotrol Patch

Nicotine Patch or Gum

Other

(Yes No)

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Items for Total Exposure Study Questionnaire

INTERVIEW: PART I

Purpose: To obtain demographic profile, medical history and determine cigarette smokers and non-smokers. For cigarette smokers, determine weekday versus weekend cigarette use. Instructions will be given regarding sample collection, cigarette butt and pack collection for return on next visit. At this stage, subjects will be ineligible if they smoke multiple products, use non-tobacco nicotine products, or are exposed to specific chemicals that interfere with biomarker measures. At the end of the interview, subjects will receive instructions for sample, cigarette butt and pack collections and diary maintenance for their return visit. They will be asked to bring in all of their prescribed and other (non-traditional) medicines.

Method: Staff administered on-site

INTERVIEW: PART I	
SCREENING	
Gender (Male Female)	
What is your date of birth? (mm/dd/yy) <i>(If age is less than 21 then subject is ineligible)</i>	
<i>If age is greater than 20 and sex is female:</i>	
Are you currently pregnant? (Yes No) <i>(If yes, then subject is ineligible)</i>	
<i>If female, Are you currently nursing?</i> (Yes No)	
Have you ever consumed more than 20 cigarettes or other tobacco products in your life? (Yes No)	
Have you consumed any tobacco products in the last two years?	
Have you consumed any tobacco or nicotine products in the last 7 days, such as cigarettes, cigars, cigarillos, pipes, bidis, or nicotine chewing gum? (Yes No)	
Do you now smoke:	
Cigarettes	(Yes No)
Cigars	(Yes No)
Pipe	(Yes No)
Have you ever smoked (PRODUCT) on a regular basis:	
Cigarettes	(Yes No)
Cigars	(Yes No)
Pipe	(Yes No)
How many years or months has it been since you smoked:	
Cigarettes	_____ months
Cigars	NUMBER OF _____ years
Pipes	
Do you use snuff now? (Yes No)	
Have you ever used snuff on a regular basis? (Yes No)	
How many years or months has it been since you used snuff? _____ months	
NUMBER OF _____ years	
Do you chew tobacco now? (Yes No)	
Have you ever chewed tobacco on a regular basis? (Yes No)	
How many years or months has it been since you chewed tobacco? _____ months	
NUMBER OF _____ years	
Within the past year, did you use any non-tobacco nicotine products such as:	
Nicoderm CQ Patch	
Nicorette Gum	
Nicotrol Patch	
Nicotine Patch or Gum	
Other	(Yes No)

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INTERVIEW: PART 1

DEMOGRAPHICS

*What is your race?

White
Black
Asian Pacific Islander
American Indian, Alaska Native
Spanish or Hispanic origin or
Other (specify) _____

*Are you:

Married
Divorced
Widowed
Separated
Never been married
or
A member of an unmarried couple

*What is the highest grade or year of school you completed?

Never attended school or only attended
kindergarten
Grades 1 through 8 (Elementary)
Grades 9 through 11 (Some high school)
Grade 12 or GED (High school graduate)
College 1 year to 3 years (Some college or
technical school)
College 4 years or more (College graduate)

*Are you currently:

Employed for wages
Self-employed
Out of work for more than 1 year
Out of work for less than 1 year
Homemaker
Student
Retired
Or
Unable to work

*In what industry are you employed?

(List)

(Adams/Jones to provide industry list)

*What is your title?

*What are your activities on job?

*Is your annual household income from all sources:

- a. Less than \$25,000 (\$20,000 to < \$25,000)
- b. Less than \$20,000 (\$15,000 to < \$20,000)
- c. Less than \$15,000 (\$10,000 to < \$15,000)
- d. Less than \$10,000
- e. Less than \$35,000 (\$25,000 to < \$35,000)
- f. Less than \$50,000 (\$35,000 to < \$50,000)
- g. Less than \$75,000 (\$50,000 to \$75,000)
- h. \$75,000 or more

If "no," ask e; if "yes," ask b
If "no," code a; if "yes," ask c
If "no," code b; if "yes," ask d
If "no," code c
If "no," code f
If "no," code g
If "no," code h

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INTERVIEW: Part I

MEDICAL HISTORY

Place a check-mark by the following diseases or conditions for which you have ever been diagnosed by a doctor.

Cancer

High blood pressure

Heart disease

Stroke

Diabetes

Bronchitis (Acute and chronic)

Emphysema

Asthma

Coronary heart disease

Heart infarction

Renal dysfunction

Hyperlipidemia

Any other serious disease specify) _____

For each condition or symptom, indicate the following:

- Treatment or Complications
- Status: Ongoing; Inactive or recovered
- Date of onset
- Date of resolution

(If female) Are you currently taking an oral contraceptive?

If yes, Determine how long and the name of the OC

(For premenopausal women) What was the date of your last menstrual cycle? ____/____/____

(If female and ____) Are you on hormone replacement therapy?

If yes, Determine how long and the name of the HRT

Describe any family history or genetic concerns, (Please list family member in relation to self (i.e., mother) and name of condition (diabetes)

SMOKING HISTORY

Approximately how long have you been smoking cigarettes fairly regularly?

Would you describe yourself as an occasional, moderate or heavy smoker?

We are interested in the number of cigarettes people smoke in a day. On the average weekday, that is, Monday through Friday, how many cigarettes do you usually smoke a day? _____

Would you say that you smoke:

Less than 1/2 pack per day?

At least 1/2 but less than 1 pack per day?

More than 1 but less than 1 1/2 packs per day?

At least 1 1/2 but less than 2 packs per day?

At least 2 but less than 2 1/2 packs per day?

At least 2 1/2 packs per day

And would you say that, during the week you smoke (insert amount from above) cigarettes:

Fairly evenly throughout the day? or

More in the morning? Or

More in the afternoon or

More in the evening

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INTERVIEW: PART I

SMOKING HISTORY

Over the weekend, how many cigarettes do you smoke a day? Would you say that you smoke:

- Less than 1/2 pack per day?
- At least 1/2 but less than 1 pack per day?
- At least 1 but less than 1 1/2 packs per day?
- At least 1 1/2 but less than 2 packs per day?
- At least 2 but less than 2 1/2 packs per day?
- At least 2 1/2 packs per day?

And would you say that, over the weekend you smoke (insert amount from above):

- Fairly evenly throughout the day? Or
- More in the morning? Or
- More in the afternoon or
- More in the evening

Was there ever a time when you smoked more than (number on ____ or __, whichever is larger) cigarettes a day?

Yes No Don't know

If Yes, continue with Question ____

During the time that you smoked more cigarettes than you currently do, would you say that you smoked (Note: Only give options that are greater than what is currently smoked):

- Less than 1/2 pack per day?
- At least 1/2 but less than 1 pack per day?
- At least 1 but less than 1 1/2 packs per day?
- At least 1 1/2 but less than 2 packs per day?
- At least 2 but less than 2 1/2 packs per day?
- At least 2 1/2 packs per day?

And when was it that you smoked (Enter response for how many smoked when smoked more)? Was it:

- 1 to 3 months ago?
- Greater than 3 but less than 6 months ago?
- 6 months to a year ago?
- More than one year ago?

Was there ever a time that you smoked less than _____ cigarettes per day? (Yes No)

If Yes, ask:

During the period that you smoked less cigarettes than you currently do, would you say that you smoked (Note: Only give options that are less than what is currently smoked):

- Less than 1/2 pack per day?
- At least 1/2 but less than 1 pack per day?
- At least 1 but less than 1 1/2 packs per day?
- At least 1 1/2 but less than 2 packs per day?
- At least 2 but less than 2 1/2 packs per day?
- At least 2 1/2 packs per day?

And when was it that you smoked (Enter response for how many smoked when smoked less)?

Was it

- 1 to 3 months ago?
 - Greater than 3 but less than 6 months ago?
 - 6 months to a year ago?
 - More than one year ago?
-

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INTERVIEW: PART I

What is the full name of your preferred brand of cigarettes you usually smoke now?

BRAND SMOKED

Are they (Please circle all that apply)

Ultra Lights, Lights, Milds, Medium or Full Flavor;

Menthol or Non-Menthol (Regular)

Kings, 100s, or 120s;

Box or Soft Pack

Filtered or Non-Filtered (If respondent answers with more than one brand, probe for brand smoked most often)

Approximately how long have you been smoking (BRAND)'s

Days

of weeks

NUMBER OF

Months

Years

Don't know

Do you sometimes smoke an alternate brand? (Yes No)

If yes, Are they (Please circle all that apply)

Ultra Lights, Lights, Milds, Medium or Full Flavor;

Menthol or Non-Menthol (Regular)

Kings, 100s, or 120s;

Box or Soft Pack

Filtered or Non-Filtered (If respondent answers with more than one brand, probe for brand smoked most often)

During the last month, what would you say is the percent of time that you smoked your preferred brand compared to smoking an alternate brand?

Less than 20% of the time

20-49% of the time

About 50% of the time

51-75% of the time

76-89% of the time

90-99% of the time

All of the time

Before the (BRANDs) that you smoke now, what brand did you smoke?

BRAND SMOKED

Were they (Please circle all that apply)

Ultra Lights, Lights, Milds, Medium or Full Flavor;

Menthol or Non-Menthol (Regular)

Kings, 100s, or 120s;

Box or Soft Pack

Filtered or Non-Filtered (If respondent answers with more than one brand, probe for brand smoked most often)

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Created on 07/31/00 12:45 PM Revised: 8/7/00

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INTERVIEW: PART I

SMOKING HISTORY

When you smoked (PREVIOUS BRAND)'s did you smoke more than, less than, or about the same number of cigarettes per day as you smoke now?

- More than
- Less than
- About the same
- Don't know

Do you use snuff now? (Yes No)

Have you ever used snuff on a regular basis? (Yes No)

How many years or months has it been since you used snuff? _____ NUMBER OF months
years

Do you chew tobacco now? (Yes No)

Have you ever chewed tobacco on a regular basis? (Yes No)

How many years or months has it been since you chewed tobacco? _____ NUMBER OF months
years

OCCUPATIONAL EXPOSURES

Have you ever worked outside of the home for 6 months or longer? (Yes No)

For each job over the past _____ years, determine the following:

- Length of time on the job
 - Full-time or part-time status
 - Job title
 - Activities on the job
 - Type of business or industry
 - Substances exposed to on the job (use list of possible exposures)
 - If exposed, determine length of exposure
-

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FOOD DIARY

Use this form to record all food and beverages, including food supplements and alcoholic beverages. Be sure to include how the food was prepared (baked, fried, grilled) and any added condiments, fats, salad dressings, sauces or sweeteners. Use the attached information to assist you in describing your food intake when filling out your food diary.

[illegible]

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Items for Total Exposure Study Questionnaire

HOW TO WRITE A FOOD DIARY

The following information can be used as a tool in describing your food intake when filling out your food diary.

Beverages

Instant or regular

Caffeinated or decaffeinated

Sweetener---- sugar or artificial sweetener

Creamer---- milk or cream or artificial creamer---- low fat (light) or regular

Alcohol-type

Bread and grains

Homemade or store bought or bakery

Added fat or toppings

Cereals

Ready to eat---- name brand---- added sweetener

Cooked---- instant or regular---- added fat or sweetener

Dairy products

Acidophilus

Percent fat---- whole or 1/2% or 1 % or 2 % or skim (nonfat)

Flavoring fruit or plain or chocolate or sugar-free

Condensed

Evaporated

Dry (type and dilution)

Fats

Butter---- whipped or stick or light

Margarine---- fat free or reduced calorie (light) or regular---- stick or tub

Oil---- type

Mayonnaise/salad dressing---- regular or fat free or cholesterol free or reduced calorie (light) or flavor

Fruit

Dried

Fresh

Frozen

Canned---- water packed or juice packed or light---- syrup or medium---- syrup or heavy---- syrup

Juice

Fresh

Frozen---- added sweetener

Canned---- added sweetener or fortified (i.e., with calcium or vitamins)

Drink---- flavor

Meat

Type---- fish or pork or poultry or beef or lamb or veal or other

Cut (i.e., Thigh, chop, sirloin)

Percent fat---- regular or lean or extra lean

Skin---- eaten or removed

Preparation method---- breaded or fried or grilled, etc)

Sweets & desserts

Cakes---- flavor---- iced or not iced

Candy---- sugar or chocolate

Cookies---- description (i.e., fruit, nuts, icing)

Pies---- description (i.e., fruit, nuts, icing)

Doughnuts---- description (i.e., fruit, nuts, icing)

Brownies---- description (i.e., fruit, nuts, icing)

Store---- bought or homemade

Vegetables

Fresh

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Frozen---- added fat
Canned---- added fat
Skin---- eaten or removed
Preparation method
Prepared foods
Label
Name brand
Description
Preparation method

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Items for Total Exposure Study Questionnaire

INTERVIEW: PART II

Purpose: To obtain detailed information on dietary habits, physical exercise, home heating and cooling, food intake, and cigarette information.

Method: Staff administered

INTERVIEW PART II: SCREENING

Within the past 30 days, have you made any changes in the way that you smoke?

Determine whether the changes are in terms of:

Frequency

Amount

Brand/Tar level

HOME HEATING AND COOLING SYSTEMS

How would you describe the place you have lived for the longest during your adult life? 1. Farm 2. Rural areas, nonfarm 3. Small town (<20,000 population) 4. Large town (20,000-49,999 population) 5. Metropolitan area (50,000 or more population)		Fontham
How would you describe the place you currently live? 1. Farm 2. Rural areas, nonfarm 3. Small town (<20,000 population) 4. Large town (20,000-49,999 population) 5. Metropolitan area (50,000 or more population)		
What is the usual method of cooking in your home or homes during your adult life? 1. wood-burning stove 2. natural gas 3. coal 4. electricity 5. fuel oil furnace other, specify		
What is the current method of cooking in your home or homes? 1. Wood-burning stove 2. Natural gas 3. Coal 4. Electricity 5. fuel oil furnace other, specify		
What is the usual method of heating that has been used in your home or homes during your adult life? 6. wood-burning stove 7. natural gas 8. coal 9. electricity 10. fuel oil furnace other, specify		

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Created on 07/31/00 12:45 PM Revised: 8/7/00

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INTERVIEW: PART II		
HOME HEATING AND COOLING SYSTEMS		
What is the current of heating that has been used in your home or homes during your adult life? 11. wood-burning stove 12. natural gas 13. coal 14. electricity 15. fuel oil furnace 16. other, specify		
On average, how many months of the year did you keep the windows of your house open during your childhood and teenage years?		
On average, during the past ____ months, how many days did you keep the windows of your house open?		

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INTERVIEW: PART II

FOOD HISTORY

On the average, how many days per week do you eat the following foods? (If less than once a week, but at least twice a month, write 1/2.)

Beef	Cabbage/Broccoli/Brussel sprouts
Pork	Raw vegetable
Chicken/Poultry	Carrots
Liver/Veal	Squash/Corn
Ham	Citrus fruits/juices
Fish/Seafood	Spaghetti/Macaroni/White rice
Smoked meats	White bread/Rolls/Biscuits
Frankfurters/Sausage	Brown rice/Whole wheat/Barley
Butter	Bran/Corn muffins
Margarine	Potatoes
Cheese	Oatmeal/Shredded wheat/Bran
Eggs	Cold (Dry) cereals
Green leafy vegetables	Ice cream
Tomatoes	Chocolate

How many days a week do you eat the following foods?

Fried eggs	French fries
Fried bacon	Fried hamburgers or beef
Fried chicken/fish	Other fried foods

DO NOT EAT FRIED FOODS

Do you eat a vegetarian diet? (Yes No)

If "yes," what type and for how many years? _____

Has there been a major change in your diet in the last 10 years? (Yes No)

If "yes," what was the change?

Do you now or have you ever added artificial sweeteners (saccharin or cyclamates) to coffee, tea, or other drinks or food?

___ Yes, currently ___ formerly ___ Never

If ever used artificial sweeteners, indicate amount per day and for how long.

Packets:	No. per day: _____	Years: _____
Drops	No. per day: _____	Years: _____
Tablets:	No. per day: _____	Years: _____

Do you get your drinking water from: ___ City supply ___ Private well ___ Other, specify _____

Do you add any substances to soften your drinking water? (Yes No)

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INTERVIEW: PART II

FOOD HISTORY

How many cups, glasses, or drinks of these beverages do you usually drink a day, and for how many years? (If you no longer drink a listed beverage, or your pattern has changed in the last ten years, indicate previous and current amounts. If less than once a day, but at least three times a week, write ½.)

Beverages	Currently		Previously	
	Amt.	Yrs	Amt	Yrs
Whole milk (skim milk)				
Caffeinated coffee				
Decaffeinated coffee				
Tea				
Diet soda/ diet iced tea				
Non-diet colas				
Other non-diet soft drinks				
Beer				
Wine				
Hard liquor				

MEDICATIONS AND VITAMINS

How many times in the last month have you used the following and how long have you used them? (If none, write 0; if used only occasionally, write ½.)

Medications and vitamins	Time	Years
Aspirins, Bufferin, Anacin		
Tylenol		
Vitamin A		
Vitamin C		
Vitamin E		
Multi-vitamins		
Blood pressure pills Diuretics (water pills)		
Thyroid medications		
Heart medications		
Anti-acid medications		
Valium		
Librium		
Prescription sleeping pills		
Tagamet (for ulcers)		
Allergy Medication		
Herbal or other dietary supplements (Please list)		
Other:		

For each medication bottle returned, indicate the following:

- Name
- Dosage
- Strength
- Regimen
- Disease/condition for which prescribed
- Length of time taking medication

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INTERVIEW: PART II

Alcohol Use

In any one year, have you had at least 12 drinks of any type of alcoholic beverage? (Yes No)

In your entire life, have you had at least 12 drinks of any type of alcoholic beverage? (Yes No)

In the past year, how often did you drink any type of alcoholic beverage?

____ Number of days – Indicate time period (Week, month, year)

In the past year, on those days that you drank alcoholic beverages, how many would you say that you consumed on the average? ____

Was that 1 drink per day?

2 drinks per day?

3 –4 drinks per day?

More than 5 drinks per day?

How many days did you consume ____ drinks per day?

Within the past ____, how many alcoholic beverages would you say that you consumed on the average?

Was that 1 drink per day?

2 drinks per day?

3 –4 drinks per day?

More than 5 drinks per day?

Physical Activity

How often do you engage in vigorous activities for at least 10 minutes duration that cause heavy sweating or large increases in breathing or heart rate?

Never

____ (Number) times per (day, week, month or year)

Unable to do this type of activity

About how long do you engage in vigorous activities each time? ____ - Time period (minutes, hours)

How often do you do light or moderate activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?

Never

____ (Number) – times per (Day, week, month, year)

About how long do you do these light or moderate activities each time?

____ Number – Indicate time period (Day, week, month, year)

How often do you do physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

____ (Number) – times per (Day, week, month, year)

Smoking Pattern

During the past ____ months, did you ever switch to a reduced tar/nicotine cigarette?

If yes, how many times?

Determine the length of time the reduced tar/nicotine cigarette was smoked on a regular basis

Determine how long it has been since the switch

If smoke cigarettes with a filter, ask: Do you ever remove the filter on your cigarette before smoking?

If yes, how often do you remove the filter?:

Always

Sometimes

Never

Do you ever modify your cigarette or way of smoking (e.g. cover dilution holes, etc.)?

If yes, how often do you modify your cigarette or way of smoking?

Always

Sometimes

Never

Typically when you smoke, how much of your cigarette is left unsmoked?

BLN

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Items for Total Exposure Study Questionnaire

INTERVIEW: PART II

Smoking Pattern

Do you often have cigarettes burn up in the ashtray?

Is that usually after smoking most, some or very little of the cigarette?

And what percent of the time does this happen?

How deeply do you inhale? Do you:

Just puff; don't really inhale at all?

Inhale into the chest, but not too deeply?

Inhale into the chest deeply?

Have you consumed any tobacco or nicotine products in the last 3 days? Yes No

If yes, Within the past three (3) days, how many cigarettes did you smoke? ____

Were they your usual brand? If no, determine brand name and type

Household Exposure

Determine how much and how often the subject was exposed to other's tobacco smoke at home for the past ____ days for the spouse and smokers who lived with the interviewers in the same house or who visited regularly, other than the spouse. *Probe to determine whether the smoking habits of spouse/partner ever changed.*

- Time period (Age of interviewee)
- What was smoked (Cigarettes; Cigars, Pipe, Cigarettes and Pipes)
- Frequency of smoking while in the same room as the interviewee.
 - Every day
 - Almost every day (5-6 days/ week)
 - 2-4 days/week
 - Rarely
 - Never
- Amount (Number) smoked in interviewee's presence on weekdays and holidays/weekends.
- Number of minutes subject was in the room while someone else was
- Which room of the house
- How many yards away did the subject sit while the other person was smoking.
- Was the room air conditioned or ventilated to the exterior, or were there any doors or windows open?
- What was the size of the room? (square feet)

What is the height of the room?

How many of your friends smoke? Would you say

None

Some

Most

All

How many times per week do you visit these friends in their homes? ____

Of the friends whom you visit, do they have friends/spouses/significant others who smoke? (Yes No)

How many in your friend's household smoke?

None

Some

Most

All

Exposure in Vehicles

Do you typically smoke in your car with family or friends?

Do you typically smoke inside your car when alone?

Have you ever (lifetime) traveled daily or at least a couple of times per week by car, train, bus or other enclosed vehicle which was smoky (or where you could at least smell tobacco smoke) most of the time?

(YES NO)

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Items for Total Exposure Study Questionnaire

INTERVIEW: PART II

Exposure in Vehicles

If yes,

Indicate the following

- Age
- Type of vehicle (Car, Train, Bus/train, other – Specify)
- Number of hours per day or week subject was in vehicle while exposed to smoke
- Intensity of smoke in vehicle (Very smoky; Fairly smoky, A little smoky)

ETS Indoors, in places other than the home, work premises or vehicles, e.g. restaurants, bars, pubs, cinemas, theaters, friends' homes, etc.

Have you ever spent regularly (at least once a week) some time in a smoky place (or where you could at least smell tobacco smoke) indoors other than at home or at work. (YES NO)

Have you ever spent regularly (at least once a week) some time in a smoky place (or where you could at least smell tobacco smoke) indoors other than at home or at work. (YES NO)

If yes indicate where exposure took place and for each exposure determine the following:

- Time period
- Number of hours per week exposed to tobacco smoke in this place
- Smoke intensity (Very, fairly or a little smoky)
- Size of room (Small – under 40 m²; Medium – 40-80 m²; Large – (80-200 m²; Very large- over 200 m²)

Work Exposure

Have you ever worked in an indoor place where you were exposed to tobacco smoke? (Yes No)

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Items for Total Exposure Study Questionnaire

If yes, for each job where the subject was exposed to ETS, determine:

- Time period
- Smoke intensity (Very, fairly or a little smoky)
- Number of hours/day on average exposed to tobacco smoke at work, including time spent at the canteen or during breaks?
- Whether smoke was inside or in designated smoking area

Exposure to Chemicals From Other Sources

For the following list of substances indicate whether the subject has had contact with it or used it outside of work. (Hobbies)		If yes, during what years was this?		How would you describe your contact?
SUBSTANCES	CONTACT	From: 19 ____	To: ____	1. Regular, low 2. Occasional, low 3. Regular, moderate 4. Occasional, moderate 5. Regular, high 6. Occasional, high
Paints, lacquers or stains	___ Yes ___ No			
Fabric dyes	___ Yes ___ No			
Inks	___ Yes ___ No			
Wooddust/sawdust	___ Yes ___ No			
Cotton or other textile fibers or dust	___ Yes ___ No	_____	_____	_____
Insecticides or garden sprays	___ Yes ___ No	_____	_____	_____
Petrochemical plant emissions	___ Yes ___ No	_____	_____	_____
Grain elevator dust	___ Yes ___ No			

Cigarette Information

Cigarette butt:

- Determine the number of butts returned
- Determine the brand name(s) of the butts

Determine whether there are cigarette butts that were not returned

Cigarette packs:

- Determine the number of packs returned
- Using each pack, determine the:
 - Brand name
 - "Tar" and nicotine yield (FTC listing)
 - Mentholation
 - Filter type
 - Circumference
 - Cigarette length
 - Determine agreement between number of cigarette butts and number of packs
 - Determine whether any of the butts were borrowed